

**NOTICE OF A  
REGULAR MEETING OF THE  
CALOPTIMA BOARD OF DIRECTORS'  
MEMBER ADVISORY COMMITTEE**

**THURSDAY, MARCH 9, 2017  
2:30 P.M.**

**CALOPTIMA  
505 CITY PARKWAY WEST, SUITE 109-N  
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at [www.caloptima.org](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

**I. CALL TO ORDER**  
*Pledge of Allegiance*

**II. ESTABLISH QUORUM**

**III. APPROVE MINUTES**

- A. Approve Minutes of the January 12, 2017 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

**IV. PUBLIC COMMENT**

*At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.*

**V. CEO AND MANAGEMENT REPORTS**

- A. Chief Executive Officer (CEO) Report
- B. Chief Medical Officer Update
- C. Chief Operating Officer Update

**VI. INFORMATION ITEMS**

- A. MAC Member Updates
- B. MAC Member Presentation on Boys and Girls Clubs of Garden Grove
- C. Managed Behavioral Health Organization Update
- D. Federal and State Legislative Update

**VII. COMMITTEE MEMBER COMMENTS**

**VIII. ADJOURNMENT**

# **MINUTES**

## **REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE**

January 12, 2017

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on January 12, 2017, at CalOptima, 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Chair Mallory Vega called the meeting to order at 2:33 p.m., and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Mallory Vega, Chair; Suzanne Butler; Connie Gonzalez; Donna Grubaugh; Sally Molnar; Patty Mouton; Christina Sepulveda; Velma Shivers; Sr. Mary Therese Sweeney; Christine Tolbert

Members Absent: Sandy Finestone; Victoria Hersey; Carlos Robles; Lisa Workman

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director, Program Implementation; Donald Sharps, MD, Medical Director; Emily Fonda, MD, Medical Director; Caryn Ireland, Executive Director, Quality Analytics; Phil Tsunoda, Executive Director, Public Affairs; Belinda Abeyta, Director, Customer Service; Le Nguyen, Associate Director, Customer Service; Becki Melli, Customer Service

### **MINUTES**

#### **Approve the Minutes of the November 10, 2016 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee**

*Action: On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted.*

### **PUBLIC COMMENT**

There were no requests for public comment.

### **REPORTS**

#### **Consider Recommendation of Candidate for the Foster Children Representative**

Chair Mallory Vega reported that staff received two applications from interested candidates for the Foster Children Representative seat and submitted them to the Nominations Ad Hoc Subcommittee for review and consideration. The subcommittee, composed of Members Suzanne Butler, Christine Tolbert and Christina Sepulveda, met on January 3, 2017 and chose Jaime Muñoz as the candidate to fill the Foster Children seat. Mr. Muñoz, Administrative Manager with Children and Family Services for the Social Services Agency, manages a specialized program that focuses on improving the well-being and outcomes of transitional age youth and young adults in foster care. Mr. Muñoz

has 26 years of experience serving foster children as a child welfare services practitioner. He also has 29 years of experience as an education instructor teaching English as a second language. Mr. Muñoz serves on several community boards that serve under-resourced communities, including foster children.

The recommendation to consider approval of Jaime Muñoz as the Foster Children Representative will be presented to the Board of Directors for consideration at their February 2, 2017 meeting.

**Action:**            *On motion of Member Suzanne Butler, seconded and carried, the MAC recommended Jaime Muñoz as the representative for Foster Children.*

### **PRESENTATION**

Melissa Tober, Manager, Strategic Projects, Orange County Health Care Agency (HCA), presented an overview on the county's pilot proposal for the Whole Person Care program. Ms. Tober explained that the main objectives are to reduce inappropriate or unnecessary emergency room and inpatient utilization and to meet the social, medical and emotional needs in real-time for homeless persons and homeless persons living with a serious mental illness. Some of the proposed services include an emergency room notification system, social services referral system, respite/recuperative care and dedicated resources to seek out and secure housing opportunities with the numerous community partners.

### **CHIEF EXECUTIVE OFFICER AND MANAGEMENT TEAM DISCUSSION**

#### **Chief Executive Officer Update**

Michael Schrader, Chief Executive Officer, reported that Governor Brown's proposed budget for Fiscal Year 2017-18 includes the extension of Cal MediConnect (CMC) until December 31, 2019. California's Department of Finance determined that CMC health plans have shown the potential to improve the quality of care for dual eligibles and achieve long-term cost savings. The extension of CMC, known as OneCare Connect in Orange County, means that CalOptima's OneCare Connect members will continue to have access to enhanced services and benefits available through the plan.

Mr. Schrader also updated the committee on the transition of the Whole-Child Model, which moves California Children's Services (CCS) into managed care. The implementation date for integrating CCS into CalOptima will now occur no sooner than January 1, 2019.

Mr. Schrader reported that CalOptima recently joined Medicaid Health Plans of America (MHPA), a national trade association that supports Medicaid health plans. Participation in this association will assist CalOptima to understand the impact of any changes to Medicaid.

#### **Chief Medical Officer Update**

Dr. Fonda, Medical Director, provided an update on the enhancements to the Long-Term Care program for members who reside in a long-term care facility. Adapted from OneCare Connect's Model of Care, improvements include the following: passively enrolling members by facility instead of by birth date; working with primary care physicians (PCPs) on early detection and treatment; implementing a treatment in place program to expedite care; and assigning Personal Care

Coordinators to long-term care facilities. Dr. Fonda noted that there remain opportunities for improvement so additional initiatives are in development for increasing provider participation and improving quality measures. The goals for this proposed program, which will be called Long-Term Connect, are to improve health outcomes, quality of life and patient satisfaction. CalOptima is realigning its internal operations to support these initiatives. Dr. Fonda added that Long-Term Connect would pertain initially to OneCare Connect members in the CalOptima Community Network; however, the changes are scalable to Medi-Cal and OneCare.

### **Chief Operating Officer Update**

Ladan Khamseh, Chief Operating Officer, reported that CalOptima's average membership for January 2017 was approximately 770,000, with a loss of about 32,000 members. Ms. Khamseh informed the committee that CalOptima is preparing for the annual audit in February 2017, conducted by the Department of Health Care Services (DHCS). She also shared CalOptima's 2017 Report to the Community, developed annually to inform the community about CalOptima's achievements.

### **INFORMATION ITEMS**

#### **MAC Member Updates**

Chair Vega announced that the MAC Goals and Objectives Ad Hoc Subcommittee would convene soon to develop the goals and objectives based on CalOptima's 2017-2019 Strategic Plan that was recently approved by the Board of Directors. Members Christine Tolbert, Patty Mouton and Sally Molnar volunteered to serve on this subcommittee. In addition, Chair Vega announced the need for three volunteers for the Nominations Ad Hoc Subcommittee. She explained that the following two-year seats' terms would expire on June 30, 2017: Adult Beneficiaries, Family Support, Medi-Cal Beneficiaries, Persons with Disabilities, Recipients of CalWORKs and Seniors. Members Sally Molnar, Connie Gonzalez and Velma Shivers volunteered to serve on the Nominations Subcommittee.

Member Christine Tolbert informed the committee that she has learned of a concern regarding durable medical equipment (DME) and the turnaround time to receive DME. She will update the committee if she learns more. Member Tolbert also asked the committee to contact her if anyone hears about any disparity in levels of service among ethnic children with developmental disabilities.

Member Christina Sepulveda volunteered to present on the Boys and Girls Clubs of Garden Grove at the March 9, 2017 MAC meeting.

#### **Medi-Cal and OneCare Member Experience Survey Results**

Marsha Choo, Manager, Quality Initiatives, presented the results of CalOptima's member experience surveys for the Medi-Cal and OneCare lines of business. CalOptima uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member experience surveys, standardized tools used by health plans, to measure the member experience of Medi-Cal adults and children and OneCare members. Overall, CalOptima improved in some areas and found opportunities for improvement in others. Ms. Choo outlined some of the activities that CalOptima is planning to implement to improve member experience, including the following: increasing the

provider incentive percentage in the Pay-for-Value program; conducting customer service post call surveys (first call resolution); and providing member education on referrals and authorizations. CalOptima is now focusing on fielding the next CAHPS surveys in February 2017.

#### **California Children's Services Update**

Candice Gomez, Executive Director, Program Implementation, provided an update from the CCS Advisory Group meeting regarding the transition of the Whole-Child Model (WCM), which moves CCS services into managed care. CalOptima's transition has been postponed until January 2019. Following the transition of the WCM, CalOptima will be responsible for providing most of the CCS services currently administered by the HCA, such as care coordination, case management, service authorizations and provider referrals. Ms. Gomez noted a key change is the Neonatal Intensive Care Unit services, which will be managed directly by the state. The county will maintain responsibility for the Medical Therapy Program. In addition, a CCS child may opt to continue to receive case management and care coordination from his or her county public health nurse.

#### **Managed Behavioral Health Organization Update**

Donald Sharps, MD, Medical Director, Behavioral Health, presented an update on the January 1, 2017 transition of Magellan Health, Inc., CalOptima's new managed behavioral health organization. Dr. Sharps reported that members experienced very little disruption during the transition, as approximately 95 percent of members receiving either Medi-Cal-covered behavioral health services or autism treatment services had access to the same providers they had prior to the transition. All CalOptima members, including Medi-Cal, OneCare and OneCare Connect, may now access behavioral health services by calling a single phone number (855-877-3885). In addition, Magellan has established a local call center and clinical team. Dr. Sharps noted that CalOptima would be initiating a quality improvement program for behavioral health services in long-term care facilities.

#### **Federal and State Legislative Update**

Phil Tsunoda, Executive Director, Public Policy and Government Affairs, reported that the governor released his FY 2017–18 state budget proposal on January 10, 2017. Mr. Tsunoda noted that the pending May 2017 revision of the budget would be important given uncertainties at both the federal and state levels. He added that CalOptima staff is currently preparing a comprehensive analysis of the budget proposal.

Chair Vega announced that the next MAC meeting is Thursday March 9, 2017 at 2:30 p.m.

#### **ADJOURNMENT**

Hearing no further business, Chair Vega adjourned the meeting at 4:00 p.m.

/s/ Cindi Reichert  
Cindi Reichert  
Program Assistant

*Approved: 3.09.2017*

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## MEMORANDUM

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**DATE:** March 2, 2017  
**TO:** CalOptima Board of Directors  
**FROM:** Michael Schrader, CEO  
**SUBJECT:** CEO Report  
**COPY:** Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

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### **Program of All-Inclusive Care for the Elderly (PACE)**

In February 2016, CalOptima's Board outlined next steps for PACE expansion via the Alternative Care Setting (ACS) model once the Garden Grove center's financial performance and enrollment trends were positive. Before PACE expansion, the Board directed that the Finance and Audit Committee (FAC) first receive a thorough analysis of existing PACE operations and of the ACS model using Community-Based Adult Services (CBAS) centers as satellite locations. FAC has received two presentations sharing extensive data, most recently on February 16, 2017. Performance indicators show that CalOptima PACE is on solid financial and operational footing, with six months of breakeven or better financial results and enrollment growth bringing the census to 195 participants. As part of the expansion plan, the Board also approved the submission to regulators of a PACE Service Area Expansion application for south Orange County and the initiation of a Request for Proposal (RFP) process for PACE satellite locations, including CBAS centers. CalOptima is ready to begin these two steps as we strive to offer PACE's comprehensive, community-based care to a wider geographic population of frail seniors. In another step for the longer term, the Board directed that once the Garden Grove center reaches 80 percent capacity, staff should request that the Board consider authorizing additional centers. At this time, center capacity is approximately 600 participants, so the center is not yet near that benchmark. Given the community's interest in our PACE expansion plans, I am including an Information Item on your agenda this month and will provide periodic updates as the process moves forward.

### **Regulatory Audit**

From February 6–17, approximately 20 Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) auditors conducted a major yet routine regulatory review of CalOptima. DHCS evaluated Medi-Cal's compliance with our contract and regulations in the areas of utilization management, case management and care coordination, access and availability, member rights and responsibilities, quality improvement system, CalOptima organization and administration, facility site reviews, and medical records review. DMHC reviewed Medi-Cal's compliance with the Seniors and Persons with Disabilities 1115 Waiver and OneCare Connect's provision of Medicaid-based services, evaluating compliance in the areas of utilization management, continuity of care, availability and accessibility of services, member rights, and quality management. CalOptima expects that DHCS will distribute a draft

findings report sometime in April, followed by an exit conference. A final report is expected about four weeks after the exit conference.

### **OneCare Connect**

Health plans participating in Cal MediConnect (CMC), including CalOptima, are pleased that Gov. Brown's proposed Fiscal Year 2017–18 state budget includes an extension of the program until December 31, 2019. Advocacy to ensure that the provision remains in the final budget is ongoing. Toward this end, Local Health Plans of California held a legislative briefing on February 14 in Sacramento. I gave a joint presentation with another health plan CEO focused on the positive impact CMC plans have had in reducing costs and increasing quality. About 25 key staff from regulatory agencies and legislative committees attended. Separately, I had the opportunity while in Washington, D.C., to provide an update about OneCare Connect for two Centers for Medicare & Medicaid Services (CMS) officials: Tim Engelhardt, Director, Federal Coordinated Health Care Office, and Cheri Rice, Acting Deputy Center Director for the Center for Medicare. In these meetings, I shared about the continuation of CMC in the proposed state budget and our recent program innovations, including a new initiative to improve the level of care for OneCare Connect members who reside in long-term care facilities. Both officials were pleased about our continued commitment to the dual-eligible population. Further, to highlight the value of OneCare Connect in our community, I contributed an opinion article to the Orange County Register about the benefits of coordinated care in improving care, lowering costs and enhancing the patient experience. The piece ran February 23 in the print edition and online [here](#).

### **Affordable Care Act (ACA)**

CalOptima continues to track potential changes to the ACA provisions involving Medicaid expansion and to advocate for the best possible outcome for Orange County. In February, I participated in Washington, D.C., fly-in sponsored by the Association for Community Affiliated Plans and in meetings organized by Local Health Plans of California (LHPC). LHPC's public managed care plans, including CalOptima, met with key staff from the four congressional committees working on ACA changes: Senate Finance; Senate Health, Education, Labor and Pensions; House Energy and Commerce; and House Ways and Means. Staff was interested in learning about how managed care plans in California are able to provide high-quality, cost-effective care. They asked that LHPC stay in contact to serve as an information resource as the process of changing ACA moves forward. While in Washington, I also met with Reps. Mimi Walters, Alan Lowenthal, Lou Correa and Dana Rohrabacher, and staff to Reps. Ed Royce and Darrell Issa, and Sens. Dianne Feinstein and Kamala Harris. My focus was sharing the economic impact of Medi-Cal growth in Orange County. As you know, Medi-Cal expansion has resulted in 234,000 new CalOptima members and \$1.1 billion in revenue. These two facts were of significant interest to the delegation, especially given that CalOptima's public-private partnership has increased revenue to hospitals by \$227 million and to health networks by \$565 million. Members of Congress and their staff appreciated the information and requested that CalOptima continue to provide details about the local impact of any potential ACA changes.

### **Informational Series on Opioid Epidemic**

At your November 2016 strategic planning session, your Board highlighted the growing epidemic of opioid abuse in Orange County and charged CalOptima with addressing the problem



in our member population. On March 3, a CalOptima Informational Series event will raise community awareness about the issue and share our efforts to prevent opioid abuse. Featured speakers will include Board Member Dr. Nikan Khatibi, a pain management specialist, as well as Richard Bock, M.D., CalOptima's Deputy Chief Medical Officer, Sandra Fair from Orange County Health Care Agency Behavioral Health Services, and Bharath Chakravarthy, M.D., of SafeRx OC. Approximately 150 attendees are expected, including providers, member advocates and community-based organizations.



**CalOptima**  
Better. Together.

# **CalOptima Pay for Value Results & Initiatives**

## **Member Advisory Committee**

**Abraham Manase, Sr. Data Analyst, P4V**

**Mimi Vo Cheung, Supervisor, Quality Analytics**

# Program Objectives and Value

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- Recognize and reward Health Networks and their physicians for demonstrating quality performance
- To provide comparative information for members, providers and the public on CalOptima's performance
- To provide industry standard benchmarks and data driven feedback to the Health Networks on their quality improvement efforts
- Focus on triple aim:
  - ❖ better population health
  - ❖ better care for individuals
  - ❖ lower healthcare costs

# 2016 P4P Medi-Cal Measures (MY 2015)

## (Clinical Domain)

Adult Measures	Child Measures
Breast Cancer Screening (BCS)	Well-Care Visits in the 3-6 years of life (W34)
Cervical Cancer Screening (CCS)	Adolescent Well-Care Visits (AWC)
Comprehensive Diabetes Care (CDC) HbA1c testing	Childhood Immunization Status Combo 10 (CIS)
Comprehensive Diabetes Care (CDC) Retinal Eye Exam	Appropriate Testing for Children with Pharyngitis (CWP)
Adult's Access to Preventive Care Services (AAP)	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
	Medication Management for People with Asthma (MMA)

# 2016 P4P Medi-Cal CAHPS Measures (MY 2015) (Patient Experience Domain)

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## Child and Adult Measures

Getting appointment with a Specialist

Timely Care and Service

Rating of Primary Care Physician

Rating of All Healthcare

# 2016 Total Medi-Cal Allocations (MY 2015) (Clinical and CAHPS Measures)

Total Accrual	HEDIS Allocation	Survey Allocation	Total Amount Paid	Remaining Allocated Dollars	Percent Remaining
\$ 14,845,614.00	\$ 2,642,309.93	\$ 1,293,032.75	\$ 3,935,342.68	\$ 10,910,271.32	73.49%

# 2016 Allocations by Health Network (MY 2015) (Medi-Cal Measures)

Health Network	% HEDIS Earned	% Survey Earned	% of Total Amount Paid	Percentage Remaining
HN - A	21.67%	0.00%	21.67%	78.33%
HN - B	10.83%	10.00%	20.83%	79.17%
HN - C	5.42%	5.63%	11.04%	88.96%
HN - D	16.25%	12.50%	28.75%	71.25%
HN - E	32.50%	8.75%	41.25%	58.75%
HN - F	10.83%	16.25%	27.08%	72.92%
HN - G	10.83%	8.13%	18.96%	81.04%
HN - H	5.42%	0.00%	5.42%	94.58%
HN - I	21.67%	11.88%	33.54%	66.46%
HN - J	21.67%	15.00%	36.67%	63.33%
HN - K	21.67%	10.00%	31.67%	68.33%
<b>TOTAL</b>	<b>17.80%</b>	<b>8.71%</b>	<b>26.51%</b>	<b>73.49%</b>

# 2016 P4P Quality OneCare Measures (MY 2015) (Clinical Domain)

Breast Cancer Screening (BCS)	Comprehensive Diabetes Care (CDC) HbA1c Screening
Colorectal Cancer Screening (COL)	Comprehensive Diabetes Care (CDC) HbA1c Control (<8%)
Adults access to Preventive / Ambulatory Health Services (AAP)	Comprehensive Diabetes Care (CDC) Retinal Eye Exam
	Comprehensive Diabetes Care (CDC) Nephropathy Screening



# 2016 P4P OneCare CAHPS Measures (MY 2015) (Patient Experience Domain)

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## OneCare Measures

Getting Needed Care

Getting Appointments and Care Quickly

Overall Rating of Healthcare Quality

Annual Flu Vaccine

# 2016 Total Allocations (MY 2015) (OneCare Measures)

Total Accrual	HEDIS Allocation	Survey Allocation	Total Amount Paid	Remaining Allocated Dollars	Percent Remaining
\$2,492,469.84	\$ 327,068.28	\$258,186.00	\$ 585,254.28	\$ 1,907,215.56	76.52%

# 2016 Allocation by Health Networks (MY 2015) (OneCare Measures)

Health Network	% HEDIS Earned	%Survey Earned	% of Total Amount Paid	Percentage Remaining
HN-I	5.35%	12.52%	17.88%	82.12%
HN-II	16.06%	3.13%	19.19%	80.81%
HN-III	0.00%	0.00%	0.00%	100.00%
HN-IV	5.35%	3.13%	8.48%	91.52%
HN-V	10.71%	18.79%	29.49%	70.51%
HN-VI	0.00%	12.52%	12.52%	87.48%
HN-VII	32.12%	0.00%	32.12%	67.88%
HN-VIII	0.00%	12.52%	12.52%	87.48%
<b>TOTAL</b>	<b>13.12%</b>	<b>10.36%</b>	<b>23.48%</b>	<b>76.52%</b>

# Actions:

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- Incentives earned were mailed in December, 2016
- Reviewing 2015 P4V results with HN operations staff during Joint Operating Meeting and/or HN/CalOptima Quality Team meeting
- Comparing 2015 P4V results with 2016 YTD performance with HN staff and discussing specific actions to help improve scores for 2017

# Pay for Value:

## Measurement Year 2016 Changes

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- Similar Clinical & CAHPS measures, however:
  - HNs responsible for both Adult & Child Measures
- Introduced Display Measures
  - IHA, Ambulatory Care (Outpatient & ER Visits, Readmissions)
- Retired OneCare Program
- Added OneCare Connect
- Changed Payment Methodology
  - Payment for Performance & Improvement
  - Added Acuity Scale (SPD 4X, TANF 1X)

# And.....MY 2017 Medi-Cal P4V Measures

## Clinical Measures

Adult Measures	Child Measures
Adult's Access to Preventive Care Services (AAP)	Children's Access to Primary Care Physicians (CAP)
Breast Cancer Screening (BCS)	Well-Child Visits in the 3-6 Years of life (W34)
Cervical Cancer Screening (CCS)	Adolescent Well-Care Visits (AWC)
Comprehensive Diabetes Care (CDC): HbA1C Testing	Childhood Immunization Status (CIS) Combo 10
Comprehensive Diabetes Care (CDC): Retinal Eye Exams	Appropriate Testing for Children with Pharyngitis (CWP)
Medication Management for People with Asthma (MMA)	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
* No change in clinical measures from 2016	Medication Management for People with Asthma (MMA)

# MY 2017 Medi-Cal P4V CAHPS Measures

## CAHPS Measures

### Child and Adult Measures

Getting Appointment with a Specialist

Timely Care & Service

Rating of Primary Care Physician

Rating of All HealthCare

\* No change in survey measures from 2016

# OCC MY 2017 P4V Measures

## Clinical Measures

1. Plan All Cause Readmissions
2. Behavioral Health:
  - Antidepressant Medication Management
3. Controlling Blood Pressure
4. Medication Adherence for Oral Anti-Diabetes Medications (Part D measure)

- \* No change in clinical measures from 2016;
- \* Clinical measures weight changed from 100% to 60% due to addition of Member Experience component for 2017



# OCC MY 2017 P4V Measures

## CAHPS Measures

### Child and Adult Measures

Getting Appointment with a Specialist

Timely Care & Service

Rating of Primary Care Physician

Rating of All HealthCare

\* Weight=40%

# 2017 Display Measures

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- Display Measures are new measures that may be included in future pay for value programs
- These measures were not eligible for payment for 2016 measurement year performance
- CalOptima will include display measures on the monthly health network P4V prospective rate reports for monitoring purposes
- Display Measure:
  - ❖ Initial Health Assessment (IHA)—will remain display measure for 2017
- **Retired Display Measures:**
  - ❖ Ambulatory Care (Outpatient and ER visits)
  - ❖ Readmissions

# 2017 Payment Methodology

## Population Included

Total # of Adults in Health Network

Total # of Children in Health Network

Apply Acuity Score (SPD Weight 4X, TANF Weight 1X)

### Scoring for Measure Performance:

A relative point system, by measure, based on:

- NCQA National HEDIS Percentiles (clinical) 50<sup>th</sup> percentile minimum
- NCQA National CAHPS Percentiles (satisfaction)
- Relative HN Improvement year-over-year x CalOptima (CO) improvement YOY
- Minimum denominator size for eligible measure reduced from 100 to 30 eligible members

**Clinical Measures = 60% of the Total**

**CAHPS Measures = 40% of the Total**

**Performance = 50%**

(relative performance x weighted pmpm)

**Improvement = 50%**

(relative Impr x CO Impr factor x pmpm)

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**And, other new stuff we're doing.....**

**Engage the Provider & the Member**

# 2017 Member Incentives

	Description	Amount
<b>Postpartum Member Incentive</b>	Target Medi-Cal members with a delivery between March 3 – June 30, 2017 (postpartum visit may occur after July 1st)	<ul style="list-style-type: none"> <li>• \$25 gift card per participating member</li> <li>• Additional entrance into a monthly opportunity drawing [50 members will be given a \$100 gift card]</li> </ul>
<b>Breast Cancer Screening Member Incentive</b>	Target Medi-Cal members between the ages of 50 -74 years old.	<ul style="list-style-type: none"> <li>• \$10 gift card/member for completing breast cancer screening.</li> <li>• Additional entrance into a monthly opportunity drawing [50 members will be given a \$100 gift card]</li> </ul>
<b>Cervical Cancer Screening Member Incentive</b>	Target Medi-Cal members between the ages of 50-64 years old.	<ul style="list-style-type: none"> <li>• \$15 gift card/member for completing cervical cancer screening.</li> <li>• Additional entrance into a monthly opportunity drawing [75 members will be given a \$100 gift card]</li> </ul>

- Target implementation date for all initiatives: March, 2017

# 2017 Provider Office Staff Incentives: Postpartum

	Description	Amount
<b>Provider Office Staff Incentive: Postpartum</b>	<b>Pilot:</b> Target three (3) PCPs, Clinics or OB/GYN offices with the highest number of members who had a delivery between January-June, 2017 • Provide “just in time” trainings on Medical Records documentation of postpartum visits	<ul style="list-style-type: none"><li>• \$1000 per provider office or clinic for participation in the program</li><li>• \$1000 per provider office for demonstrated improvement</li></ul>

- Target implementation date for initiative: Quarter 2, 2017

# 2017 Provider Office/Staff Incentives: Well-Women Screenings

	Description	Amount
<b>PCP Office Staff Incentive:</b> <i>Cervical Cancer Screenings</i>	<ul style="list-style-type: none"> <li>• <b>Pilot:</b> Target five (5) High volume Medi-Cal provider offices, and 5 High volume Medi-Cal clinics, focus on office staff to help member get and keep appointments for pap tests.</li> </ul>	<ul style="list-style-type: none"> <li>• \$10/member above the monthly cervical cancer screening average per PCP office.</li> <li>• Catered lunch for office staff</li> </ul>
<b>Extended Office Hours Initiative:</b> <i>Cervical Cancer Screenings</i>	<ul style="list-style-type: none"> <li>• <b>Pilot:</b> Target 1-2 high volume PCP offices to extend office hours for to conduct cervical cancer screenings for CalOptima members</li> </ul>	<ul style="list-style-type: none"> <li>• Each office may receive up to \$200/hour. (Maximum of 16 hours per/office)</li> </ul>

- Target implementation date for initiatives: Quarters 1- 2, 2017

# CalOptima's Mission

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To provide members with access to quality health care services delivered in a cost-effective and compassionate manner







**BOYS & GIRLS CLUBS**  
OF GARDEN GROVE

**A 21<sup>ST</sup> CENTURY CLUB**



Mark Surmanian, Chief Executive Officer

Christina Sepulveda, Vice President

**GREAT FUTURES START [HERE.](#)**

# ORGANIZATION OVERVIEW

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- ❑ Who We Serve:

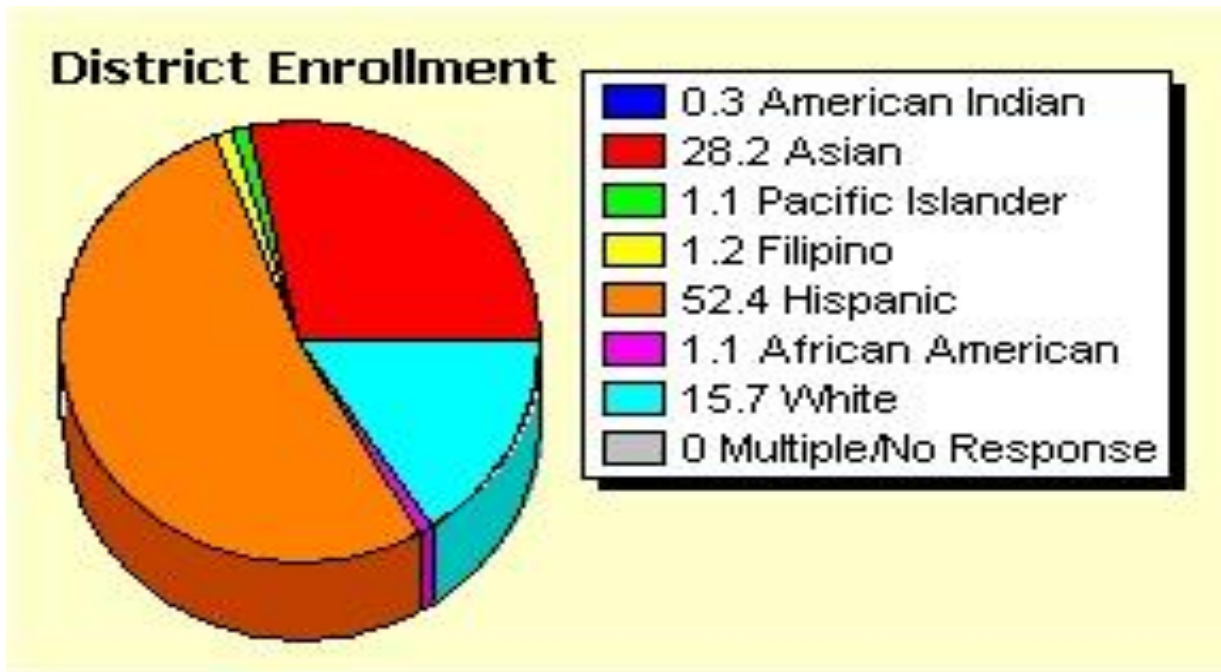
  - Children & Families in Central Orange County

- ❑ 8 – GG, Orange, Anaheim, Santa Ana, Stanton, Westminster, Fountain Valley, Cypress
- ❑ 6,500+ Children and Youth Daily
- ❑ Ages birth – 18 years
- ❑ 16,000+ Individuals Annually
- ❑ 500 Employees: 130 Full-time & 370 Part-time
- ❑ Youth Development Services
- ❑ Family Strengthening Services



# COMMUNITY NEEDS

---



- ❑ Culturally diverse community
- ❑ 67 schools - serving more than 50,000 students
- ❑ 61% eligible for free & reduced price lunch
- ❑ 47% designated as English learners
- ❑ 70 different languages spoken





***“Garden Grove operates more Clubs than anyone else in the BGC system.” -Lorraine Orr, COO, BGCA***

- ☐ Number of Youth Served (ADA)
- ☐ Ratio of RM to ADA
- ☐ Number of Staff Members
- ☐ Budget Size
- ☐ Budget Size to Youth Served
- ☐ Number of Sites on Schools
- ☐ Scope of Services







# **YOUTH DEVELOPMENT SERVICES**

**GREAT FUTURES START [HERE.](#)**

# AFTER SCHOOL PROGRAMS

---

## All After School Programs Offer:

- ❑ Power Hour
- ❑ High Yield Learning Activities
- ❑ Enrichment programs:
  - Education & Career Development
  - Character & Leadership
  - Health & Life Skills
  - The Arts
  - Sports, Fitness & Recreation

## Every Program Promotes:

- ❑ The Youth Development Strategy
  - A sense of Belonging
  - Usefulness
  - Influence
  - Competence
- ❑ Priority Outcomes:
  - Academic Success
  - Good Character & Citizenship
  - Healthy Lifestyles





# TRADITIONAL CLUBS

- ❑ 5 Club Branches
- ❑ 1,000 youth daily
- ❑ Operates during the School year and Summer





# SCHOOL SITE UNITS

## Elementary

- ❑ 39 School Year Sites
  - 4,800 youth daily
- ❑ 10 Summer Sites
  - 800 youth daily



# SCHOOL SITE UNITS

---



## Intermediate & HS

- ❑ 9 Intermediate School Year Sites
- ❑ 4 High School Sites





# SPORTS

---

## ☐ Year round intermural sports

(7<sup>th</sup> & 8<sup>th</sup> grade)

- Flag Football
- Basketball
- Volleyball
- Soccer
- Dodge ball



## ☐ Wanna Play? (3<sup>rd</sup>-6<sup>th</sup> grade)



THE HOPE PROGRAM PRESENTS

# CLUB RUSH!



THE HOPE PROGRAM INVITES YOU TO THEIR FIRST EVER  
**ORIGINAL MUSICAL PRODUCTION!**  
WRITTEN & PERFORMED BY OUR OWN HOPE MEMBERS!

**TUESDAY, NOVEMBER 29TH, 2016**  
**WEDNESDAY, NOVEMBER 30TH, 2016**  
**7pm - 8pm | SUGGESTED DONATION: \$5**  
**OUR REDEEMER CHURCH FELLOWSHIP HALL**  
**12301 MAGNOLIA ST, GARDEN GROVE, CA 92841**

TICKETS ARE AVAILABLE AT  
HOPE STUDIOS AND AT THE DOOR  
FOR MORE INFO: CONTACT TARA

714-206-2504 | [HOPE@BGC GG.ORG](mailto:HOPE@BGC GG.ORG)

GREAT FUTURES START **HERE.**

## HOPE & OPPORTUNITY THROUGH PERFORMING & ENTERTAINING (HOPE)

- ❑ Character Development
  - Confidence
  - Self-Esteem
- ❑ Motivates Youth
  - Tutoring
  - Graduating
- ❑ Opportunities
  - 4 National Conferences
  - Keystone Conference
  - City Events
  - School Events
  - PAC Regional Conference
  - Angels Foundation
  - Day for Kids



# BE GREAT ACADEMY

- ❑ One on One and Small Group Tutoring
  - Customized by student need
  - 140 youth
- ❑ Summer Academic Camps
  - Math, Science, Reading and Writing
  - 80 youth



**BE GREAT** **A+** **CADEMY**

A Program of Boys & Girls Clubs of Garden Grove







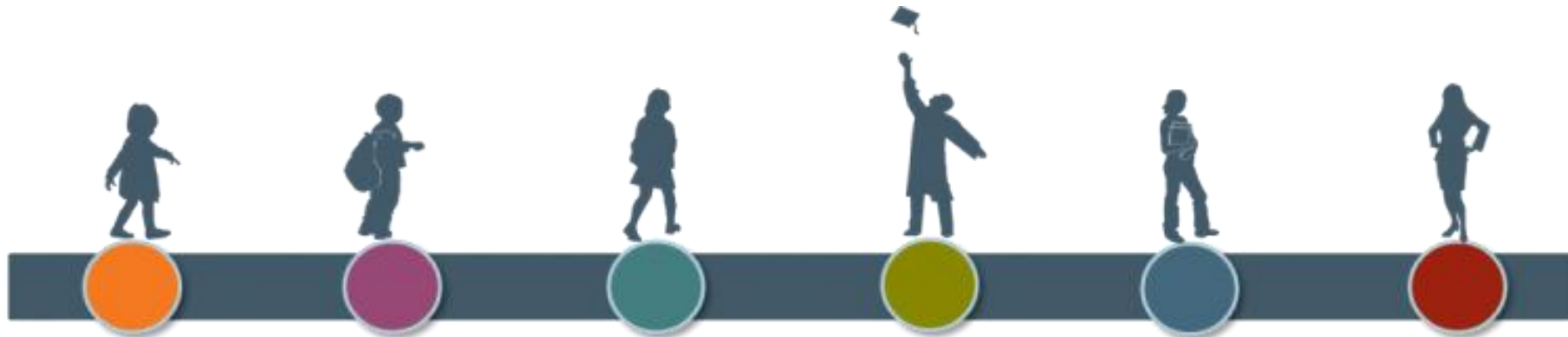
# **FAMILY STRENGTHENING SERVICES**

**GREAT FUTURES START [HERE.](#)**

# FAMILY STRENGTHENING

---

*---- “deliberate process of giving parents the necessary opportunities, relationships, networks, and supports to raise their children successfully, which includes involving parents as decision-makers in how their communities meet family needs.” (AECF)*



# EARLY LEARNING PROGRAMS

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The first five years of a child's life are crucial to the foundation needed for success later in life. Filling the gap for low-income families across Orange County.



Family Campus  
Preschool





# READINESS ON THE ROAD

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- ❑ 8 week Mobile Family Literacy
- ❑ Community Based
- ❑ Ages 0 to 5 years of age
- ❑ Works with Attachment Issues
- ❑ Parent and child classes
- ❑ Developmental Screenings
- ❑ Linkage to Health and Human Services



# PREVENTION AND INTERVENTION PROGRAMS

Promoting behaviors to help families become self-sufficient and successfully nurture their children.



# FAMILY AND YOUTH OUTREACH PROGRAM

## **Mental Health Services**

- ☐ Individual, Group,  
Family

## **Psycho-Educational Groups**

- ☐ Anger Management
- ☐ Drug and Alcohol  
Awareness
- ☐ Marijuana Support
- ☐ Parenting

## **Diversion Services**

- ☐ Graffiti Removal
- ☐ Restitution
- ☐ Juvenile  
Offender  
Education
- ☐ Community  
Service





# TRUANCY REDUCTION CENTER

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- ❑ Case Management
- ❑ Attendance Monitoring
- ❑ Community Service
- ❑ Counseling
- ❑ Drug and Alcohol Awareness
- ❑ Marijuana Support Group
- ❑ Parent Empowerment Programs



# ARCHES


**A**CCESS TO **R**ESOURCES FOR **C**HILDREN'S **H**EALTH, **E**DUICATION, & **S**UPPORT



**ARCHES** enhances traditional health service models by expanding scope beyond physical  
– ‘whole child



# SERVICES OFFERED

- 
- ☐ Vision Care
  - ☐ Insurance Enrollment
  - ☐ Counseling
  - ☐ Info & Referral
  - ☐ Case Management
  - ☐ McKinney-Vento
  - ☐ Tax Preparation
  - ☐ Outreach
  - ☐ Holiday Assistance



# CONTACT INFORMATION

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**CalOptima**  
Better. Together.

# **Managed Behavioral Health Organization (MBHO) Update**

**Member Advisory Committee**

**March 9, 2017**

**Donald Sharps, MD**

**Medical Director, Behavioral Health**



# MBHO Status Update

- CalOptima has transitioned the MBHO to Magellan
- All members access BH services by calling
  - CalOptima Behavioral Health Line at **(855-877-3885)**

Line of Business	MBHO (Previous)	MBHO (Jan 2017)
Medi-Cal	Beacon	Magellan
OC/OCC	Windstone	

- Magellan has a local call center and clinical team

# BH Phone Call Center - Medi-Cal 2017

	Goal	2016 Monthly Avg	Jan 2017	Feb 2017	Mar 2017
<b>Total Incoming Calls avg.</b>		1,261	3,176	2,660	-
<b>Average speed To Answer</b>	<30 sec	28	25	23	-
<b>Percentage of calls Abandoned</b>	<5%	2%	3.1%	2.6%	-
<b>Percent answered within 30 sec</b>	>= 80%	85%	85%	85%	-

# BH Phone Call Center - OC/OCC 2017

	Goal	2016 Monthly Avg	Jan 2017	Feb 2017	Mar 2017
<b>Total Incoming Calls avg.</b>		111	2,629	1,862	-
<b>Average speed To Answer</b>	<30 sec	17	22	19	-
<b>Percentage of calls Abandoned</b>	<5%	2%	3.4%	3.2%	-
<b>Percent answered within 30 sec</b>	>= 80%	87%	22	19	-

# MBHO Transition & Network Adequacy

- For Medi-Cal, Beacon providers that are also in Magellan's network covered 95% active behavioral health (BH) cases
  - 144 continuity of care requests as of February 3
  - Majority resolved with provider contract
  - Single-case agreements still possible
- For OneCare Connect - Windstone joined Magellan's provider network assuring 100% coverage
- Network Numbers

BH Provider Type	Medi-Cal	OC/OCC
Psychiatrist	103	118
Psychologist	147	292
Licensed Clinical Social Worker	105	135
Licensed Marriage and Family Therapist	291	N/A

# CalOptima Behavioral Health Benefits

BH Services	Medi-Cal Population	OC/OCC Population
Psychiatric inpatient		✓
Partial hospitalization		✓
Outpatient psychotherapy	✓	✓
Psychological testing	✓	✓
Medication management	✓	✓
Behavioral Health Treatment for children under 21 with Autism Spectrum Disorder	✓	
Referral to Orange County Mental Health Plan for specialty mental health services	✓	✓
Referral to Drug Medi-Cal	✓	✓

# Skilled Nursing Facility (SNF)/ Long Term Care (LTC) Quality Improvement Activity for 2017

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- Regarding current access
  - Gather 2016 MBHO claims data
  - Survey facilities
- Gap analysis
- Identify strategies for improvement
- Goals
  - Maintain 2016 access levels
  - For office based services - expand access
  - Target the strategies for improvement
    - For onsite providers – ensure correct billing information

# CalOptima SNF/LTC Survey

1. **What percentage of your clients are:**
  - a. CalOptima Medi-Cal: \_\_\_\_\_
  - b. CalOptima OneCare: \_\_\_\_\_
  - c. Other Insurance: \_\_\_\_\_
2. **What percentage of your clients require behavioral health (BH) consultation?**
  - a. none
  - b. 25 % or less
  - c. 26% to 50%
  - d. 51% to 75%
  - e. More than 75%
3. **How do you identify a client that may need BH consultation? (does not have to equal 100%)**
  - a. On admission client has reported history of mental illness - \_\_\_\_\_%
  - b. On admission client has prescribed psychotropic medications - \_\_\_\_\_%
  - c. Client has a change in behavior, mood, or cognition - \_\_\_\_\_%
  - d. Emergency or urgent situation - \_\_\_\_\_%
  - e. Other - \_\_\_\_\_%
4. **What types of BH consultation are needed? (does not have to equal 100%)**
  - a. Psychiatric consultation and recommendations- \_\_\_\_\_%
  - b. Psychiatric medication management- \_\_\_\_\_%
  - c. Behavioral recommendations- \_\_\_\_\_%
  - d. Psychotherapy - \_\_\_\_\_%
  - e. Other: \_\_\_\_\_ - \_\_\_\_\_%

# CalOptima SNF/LTC Survey

5. What percentage of your clients have the following BH conditions that require BH consultation? (does not have to equal 100%)
- a. Schizophrenia Paranoia, or other delusional thinking-\_\_\_\_%
  - b. Depression -\_\_\_\_%
  - c. Bipolar Disorder -\_\_\_\_%
  - d. Anxiety -\_\_\_\_%
  - e. Dementia with behavioral disturbance -\_\_\_\_%
6. When an order for a BH consult is written, what type of specialists are available to come to your facility to provide BH services?
- a. Psychiatrist
  - b. Psychologist
  - c. Licensed Clinical Social Worker
  - d. Nurse Practitioner
  - e. Others: \_\_\_\_\_
  - f. None
7. What are the challenges for BH providers to come to your facility?
- a. Rates
  - b. Availability
  - c. Geographic location/travel distance
  - d. Other: \_\_\_\_\_



# Referral for BH Services (Effective January 2017)

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Call **CalOptima Behavioral Health** at:

**855-877-3885**

For screening and referral to mental health services.

This number is available 24 hours a day, 7 days a week.

TTY/TDD: 800-735-2929

# Behavioral Health Integration Department

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## Vision and Purpose

1. Integrate Behavioral Health (BH) at all levels of CalOptima operations
2. Provide oversight and accountability to Behavioral Health services provided to CalOptima members
3. Serve as subject matter experts for Behavioral Health (Mental Health and Substance Use Disorder) for all lines of business

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# Questions?

**Please email [behavioralhealth@caloptima.org](mailto:behavioralhealth@caloptima.org)**

# IMPACT Medi-Cal Growth in Orange County

## Nearly a Quarter Million Residents May Lose Access to Care

CalOptima is a community-based health plan that serves Orange County's low-income Medi-Cal members. In 2014, when the Affordable Care Act (ACA) expanded eligibility for Medi-Cal, CalOptima welcomed a new group of Orange County residents as members. The uninsured rate in Orange County went down to 8.7 percent in 2015, compared with 16.2 percent in 2013. Today, the Medi-Cal Expansion population is 234,000, and CalOptima's Medi-Cal Expansion revenue is \$1.1 billion, which goes to pay local private-sector health care providers. This fact sheet explains the impact of Medi-Cal growth in terms of access to care and local economic benefits.

**Medi-Cal growth has resulted in tremendous gains, which may be at risk with any changes to the program.**

### Expansion Members & Dollars

**234,000**

30% of CalOptima membership

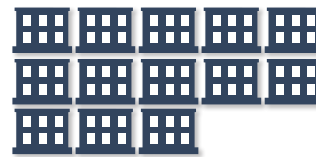
**\$1.1 Billion**

30% of CalOptima revenue

Source: CalOptima membership and finance data

### Community Health Centers

**INCREASE** in number of centers:



**Up 13  
Centers**

72 community health centers in Orange County today, compared with 59 community health centers in 2013

Source: Coalition of Orange County Community Health Centers

### Hospitals

**INCREASE** in revenue:

2015

\$536 million

2013

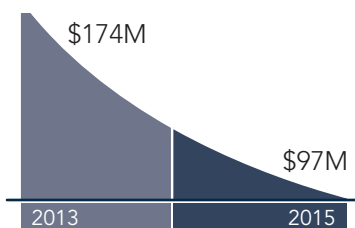
\$309 million



Payments to hospitals in 2015, compared with 2013

**Up  
\$227M**

**DECREASE** in bad debt & charity care:



**\$77M**

less bad debt  
& charity care

Bad debt and charity care

Source: Office of Statewide Health Planning and Development

### Health Networks

**INCREASE** in revenue:

2015

\$928 million

2013

\$363 million



Payments to doctors and health networks in 2015, compared with 2013, resulting in an estimated 400 new health network jobs

**Up  
\$565M**

Source: CalOptima contracted health networks

### Orange County Workforce



**15,000**  
new jobs

Estimated job growth in Orange County since the ACA was enacted (this includes Medi-Cal growth and Covered California)

Source: UCLA Center for Health Policy and Research/UC Berkeley Labor Center



**CalOptima**  
A Public Agency  
Better. Together.

# Medi-Cal Growth in Orange County

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010, and most of its provisions went into effect on January 1, 2014. President Trump has made the repeal and replacement of the ACA a central part of his domestic policy agenda. Key Republican leaders, including Speaker of the House Paul Ryan and Secretary of Health and Human Services Tom Price have shared policy priorities to repeal and replace substantial portions of the law, including the optional expansion of Medicaid. This is likely to have a significant impact on California, given the sizeable growth in the state's Medicaid population under the ACA. This brief highlights the major implications of a potential rollback of Medicaid expansion and the impact it would have on Orange County.

## What is Medicaid?

Medicaid is a joint federal and state health care program for the poor, created by the 1965 amendments to the Social Security Act. Today, more than 70 million people nationwide — mostly children, seniors and people with disabilities<sup>1</sup> — have access to health care through Medicaid. Access to the program is an entitlement. In other words, if a person is eligible, then he or she is guaranteed access. Individuals and families at or below the Federal Poverty Level, approximately \$12,000 per year for an individual or \$24,000 per year for a family of four, are eligible for Medicaid coverage.

Each state administers its own Medicaid program — California's is known as Medi-Cal — under federal rules. The program is jointly funded by states and the federal government. The current Medicaid financing system is a per-member federal match, known as the Federal Medical Assistance Percentage, or FMAP. The FMAP is customized to each state depending on the state's per capita income, compared with the national average. Each quarter, states report their Medicaid costs to the federal government, and those costs are matched at the state's FMAP. California's match is 50/50. Generally, for each Medi-Cal dollar, 50 cents is from the state and 50 cents is from the federal government.

## How Did The ACA Affect Medicaid?

The ACA has had a broad impact on the health care industry, especially the Medicaid program. In its original form, the law mandated that states expand their Medicaid programs. However, the Supreme Court's 2012 ruling in

National Federation of Independent Business v. Sebelius made expansion an optional part of the ACA. In states that chose to implement the expansion, eligibility was expanded to include individuals with income up to 138 percent of the Federal Poverty Level, approximately \$16,000 for an individual and \$33,000 for a family of four. Importantly, coverage for the Medicaid expansion population was 100 percent funded by the federal government for the first three years of the program. Beginning in calendar year 2017, states are responsible for a share of this cost, starting at 5 percent and increasing to 10 percent by 2020. In California's proposed state budget, Gov. Brown estimates that spending related to Medi-Cal expansion will be \$18.9 billion in Fiscal Year (FY) 2017–18, and he has allocated \$1.6 billion from the General Fund to cover the state's share of this cost.<sup>2</sup>

## How was California Impacted?

California is one of 32 states that chose to expand Medicaid, authorizing the change with the passage of Senate Bill (SB) X1-1 (2013) and Assembly Bill (AB) X1-1 (2013). Since 2014, approximately 3.7 million Californians have gained health care coverage through Medi-Cal expansion (MCE).<sup>3</sup> MCE has helped reduce the number of uninsured Californians by half, from 17.2 percent in 2013 to 8.6 percent in 2015.<sup>4</sup> MCE enrollees gain access to Medi-Cal's core set of health benefits, including doctor visits, hospital care, immunizations, pregnancy-related services and nursing home care. Further, under the ACA, Medi-Cal health plans must offer their members a comprehensive array of services, including mental health and substance use disorder services, and preventive and wellness services, among others.

MCE has had a broadly positive affect on the state's health care infrastructure. For example, MCE has contributed to a 70 percent increase in hospital Medi-Cal revenue from 2011 to 2015.<sup>5</sup> In turn, this has helped California hospitals reduce bad debt (defined as payment for services anticipated, but not received) by 38 percent, from \$5.1 billion in 2011 to \$3.1 billion 2015.<sup>6</sup>

Repeal of the ACA will have a significant impact on California because many of the state's laws implementing the federal legislation have tie-back language that sunsets state provisions if the ACA is repealed or amended. SB X1-1 in particular includes language that would end Medi-Cal expansion within 12 months if the federal match falls below 70 percent before January 1, 2018.

### How Was Orange County Impacted?

Any changes related to the MCE population would be keenly felt in Orange County, as CalOptima has more than 230,000 MCE members and receives more than \$1.1 billion in funding related to this population. Expansion has provided these members with access to high-quality and cost-effective care. In September 2016, the National Committee for Quality Assurance awarded CalOptima a quality score of 4 out of 5 — the highest rating in California and in the top 10 percent nationwide. The score measures preventive care, treatment and customer satisfaction. Orange County's MCE dollars have also been efficiently managed. CalOptima maintains one of the lowest overhead rates — approximately 4 percent — among both public and private health plans in California.

At the heart of CalOptima's system of care is the plan's robust public-private partnership with local physicians, hospitals, health networks, pharmacies and other ancillary providers. This ensures access and offers choice to members. CalOptima contracts with 13 commercial health networks, which offer CalOptima members access to nearly 2,000 primary care providers and 6,000 specialists. The table below provides membership data for CalOptima's contracted health network partners.

#### Contracted Private-Sector Health Networks

Network	Medi-Cal Classic Members	Medi-Cal Expansion Members
AltaMed Health Services	23,336	18,427
AMVI Care Health Network	11,675	11,116
Arta Western Health Network	50,174	25,993
CHOC Health Alliance	150,070	4,347
Family Choice Health Network	27,093	21,379
Heritage	1,764	2,127
Kaiser Permanente	33,338	12,128
Monarch Family HealthCare	53,707	34,936
Noble Mid-Orange County	17,896	15,879
OC Advantage	335	644
Prospect Medical Group, Inc	17,672	17,428
Talbert Medical Group	14,212	10,819
United Care Medical Group	19,438	15,905

CalOptima also partners with 39 hospitals across the region, including CHOC Children's in Orange, Hoag Memorial Hospital Presbyterian in Newport Beach and St. Jude Medical Center in Fullerton.

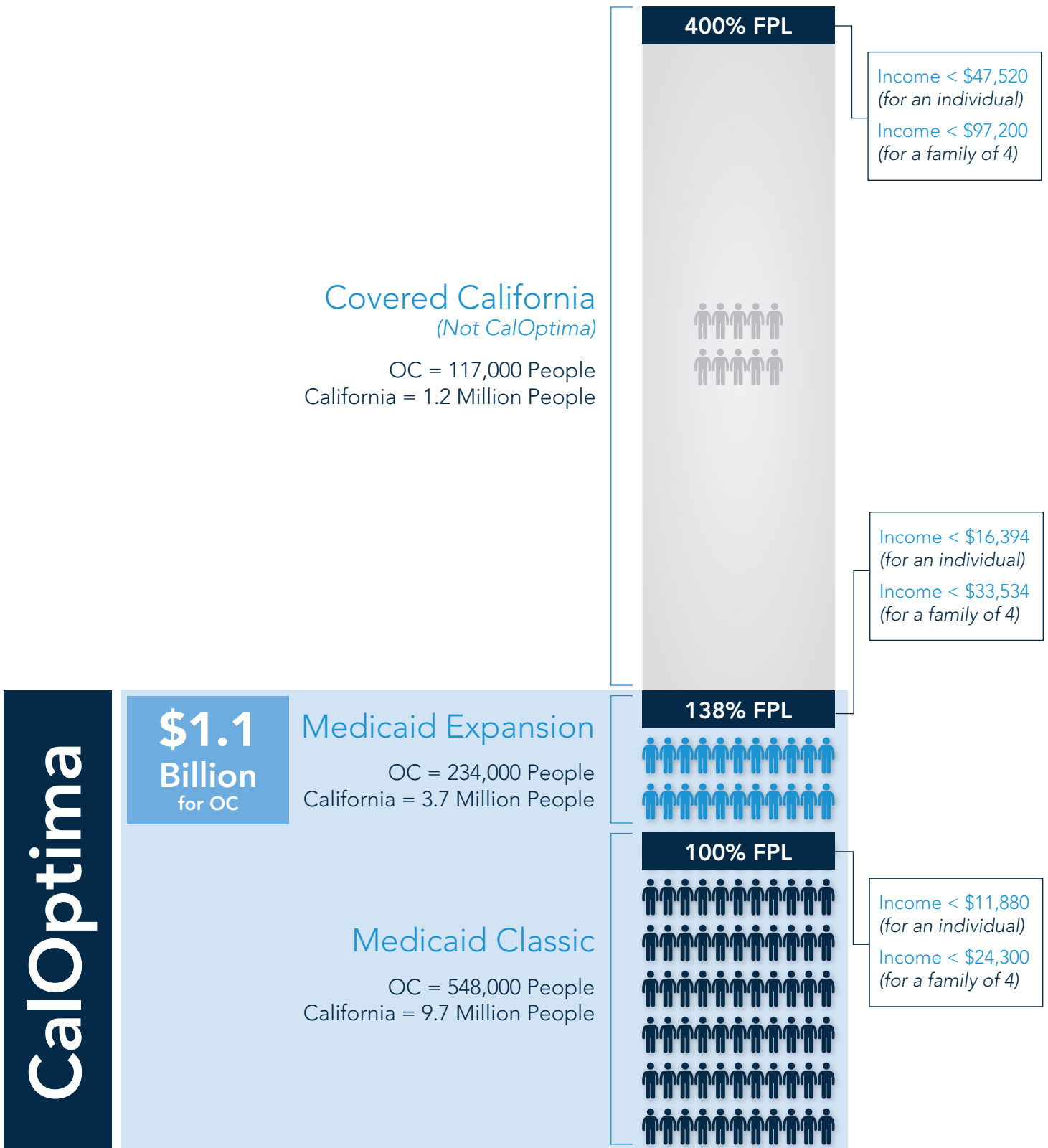
If MCE was rolled back as part of repealing the ACA, there would be major impacts to Orange County providers, health networks and hospitals. Due to growth in the Medi-Cal program, CalOptima has increased payments to contracted health networks by \$565 million (\$928 million in 2015, compared with \$363 million in 2013) and increased payments to contracted hospitals by \$227 million (\$536 million in 2015, compared with \$309 million in 2013). In part, this has contributed to Orange County's hospitals experiencing a 44 percent decrease in bad debt and charity care (\$97 million in 2015, compared with \$174 million in 2013). Overall, the Orange County uninsured population has decreased by 45 percent, going from 505,000 in 2013 to 276,000 in 2015.<sup>7</sup>

A rollback of MCE could also have a significant impact on Orange County's local economy due to the potentially drastic reduction in federal spending. An estimated 400 jobs have been created at CalOptima's contracted health networks related to MCE. Overall, ACA repeal could lead to Orange County losing 15,000 jobs in health care and other industries.<sup>8</sup>

### Conclusion

While CalOptima recognizes the health care industry's continuous evolution, the new federal landscape has the potential to fundamentally change Medi-Cal in Orange County. In this environment, Orange County can benefit by amplifying our longstanding strength — the public-private partnership between CalOptima and private-sector hospitals, health networks and ancillary providers to ensure that low-income residents have guaranteed access to care. CalOptima intends to participate in Medicaid reform discussions to highlight our unique partnership and our commitment to delivering access to high-quality, cost-effective care.

## Appendix: Medicaid Eligibility



### About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities in Orange County. Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. As one of Orange County's largest health insurers, we provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (HMO SNP) (a Medicare Advantage Special Needs Plan), and Program of All-Inclusive Care for the Elderly (PACE).

If you have any questions regarding the above information, please contact:

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### Endnotes

<sup>1</sup> "Medicaid: An Overview," Congressional Research Service, January 2014.

<sup>2</sup> 2017–18 Governor's Budget Summary, p. 53, [www.ebudget.ca.gov/2017-18/pdf/BudgetSummary/FullBudgetSummary.pdf](http://www.ebudget.ca.gov/2017-18/pdf/BudgetSummary/FullBudgetSummary.pdf), accessed January 31, 2017.

<sup>3</sup> "California's Projected Economic Losses Under ACA Repeal," UC Berkeley Center for Labor Research and Education, December 2016.

<sup>4</sup> U.S. Census Bureau, American Community Survey, 2013–15, Table A1: Population Without Health Insurance.

<sup>5</sup> Office of Statewide Health Planning and Development, 2011–15 Summary Trends – Hospital Quarterly Financial and Utilization Data.

<sup>6</sup> Ibid.

<sup>7</sup> "ACA Repeal in California: Who Stands to Lose?" UCLA Center for Health Policy and Research and UC Berkeley Center for Labor Research and Education, December 2016.

<sup>8</sup> "Fact Sheet: What does Orange County Stand to Lose under ACA Repeal?" UCLA Center for Health Policy and Research and UC Berkeley Center for Labor Research and Education, January 2017.